



MONTANA
SCHOOL *for the*
Deaf & the Blind

giving kids the building blocks to independence

3911 Central Avenue
Great Falls, MT 59405
406.771.6000 V/TTY
406.771.6164 FAX
www.msdb.mt.gov

Medical Release Form
Goalball Activities

What is Goalball?

Goalball was invented in 1946 by Austrians, Hanz Lorenzen and German Sepp Reindle, in an effort to help in the rehabilitation of blinded war veterans. The game was introduced to the world in 1976 at the Paralympics in Toronto, Canada, and has been played at every Paralympics Games since.

Goalball is a game played by two teams of three players with a maximum of three substitutes on each team. The game is conducted on the floor of a gymnasium within a rectangular court, which is divided into two halves by a center line. Goals are erected at either end. The game is to be played with a bell ball. The object of the game is for each team to roll the ball across the opponent's goal line while the other team attempts to prevent this from happening.

Physical Requirements

The ball used for the game weighs approximately three pounds. It is heavier than a basketball and has 8 holes in the shell as well as noise bells inside. The circumference of the ball is approximately 76 centimeters (30 inches). It is made of a heavy rubber with specifications determined by the International Blind Sports Federation. The ball is to be rolled, often with intense force, across the gym floor while the defensive team lies at the opposite end on the floor to block the ball. The athlete may block the ball with any part of his body, which at times may include the head. Eyeshades must be worn by all players on the court during play. Occasionally players may slide or bump into each other while defending their goal. This is a sport that requires the participants to be physically active, and have the ability to hear the noise made by the bells as the ball rolls toward them on the floor.

Given the above information, I believe _____
(Patient's name)

may safely participate in Goalball activities. Unless otherwise indicated, this release is good for one year from the date signed.

Signature of Doctor: _____ Date: _____

Restrictions: _____

This form should be returned to:

Carol Clayton-Bye MSDB
3911 Central Avenue
Great Falls, MT 59405

Or faxed to MSDB at: 406-771-6164